

Day Care Child Enrollment and Health History

Use of form: The parent / guardian should complete this form for placement in the child's file. Under the provisions of DWD 55.08(9)(d) and (12)(f), this form must be completed and maintained in the child's file at the family day care center. Failure to comply may result in the issuance of a noncompliance statement. Personally identifiable information requested on this form is collected for identification purposes and to ensure compliance with certification requirements. It is not likely to be used for purposes other than that for which it is originally being collected. When enrolling a child under two years of age, attach completed "Day Care Intake for Child Under two (2) Years", DWSW-13133.

CHILD INFORMATION					
Name (Last, First, MI)		Address - Home (Street/City/State/Zip Code)		Telephone Number ()	Date of Birth (mm/dd/yyyy) First Day of Attendance
PARENT OR GUARDIAN - All parents / guardians are permitted to visit during center hours unless access is prohibited or restricted by a court order. Attach court order, if any.					
Relationship to Child	Name	Address - Home (Street/City/State/Zip Code)		Telephone No.	Work Address or Address Where Reachable While Child is at Facility Telephone No.
Mother					
Father					
Guardian					
Guardian					
PERSONS AUTHORIZED TO CALL FOR YOUR CHILD - Provide the information requested for each person authorized to call for your child.					
Relationship to Child	Name	Address - Home (Street/City/State/Zip Code)		Telephone No.	Work Address or Address Where Reachable While Child is at Facility Telephone No.
EMERGENCY CONTACT - List information of person to contact when mother, father or guardian cannot be reached.					
Relationship to Child	Name	Address - Home (Street/City/State/Zip Code)		Telephone No.	Work Address or Address Where Reachable While Child is at Facility Telephone No.
PHYSICIAN OR MEDICAL FACILITY					
Name		Address			Telephone Number
AUTHORIZATION					
<input type="checkbox"/> Yes <input type="checkbox"/> No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. <input type="checkbox"/> Yes <input type="checkbox"/> No I have had an opportunity to review a summary of the Wisconsin Rules for Family Day Care Certification. <input type="checkbox"/> Yes <input type="checkbox"/> No I give permission for my child to participate in field trips and other activities during operating hours. <input type="checkbox"/> Transported <input type="checkbox"/> Walking					
SIGNATURE - Parent or Guardian					Date Signed

Health History and Emergency Care Plan

Use of form: This form should remain with the child during the hours the child is present in the child care center.

1. Check any special medical condition that your child may have.

☐ Food allergies - Specify food(s):

☐ Non-food allergies – Specify:

☐ Asthma

☐ Diabetes

☐ Epilepsy / seizure disorder

☐ Gastrointestinal or feeding concerns including special diet and supplements

☐ Cerebral palsy / motor disorder

☐ Emotional / behavior disorder including ADD or ADHD

☐ Other condition(s) requiring special care – Specify:

2. Triggers that may cause problems - Specify.

3. Signs or symptoms to watch for - Specify.

4. Steps the child care provider should follow.

If medications are necessary, a copy of the "Authorization to Administer Medication" form (DWSW-13132) should be attached to this form. Indicate any day care staff who have received specialized training / instructions to help treat symptoms.

a.

b.

c.

5. When to call parents regarding symptoms or failure to respond to treatment.

6. When to consider that the condition requires emergency medical care or reassessment.

7. Additional information that may be helpful to the child care provider.

SIGNATURE - Parent or Guardian

Date Signed

Review Dates: _____